SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) LCV Victory Fund Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Barron, Thomas, , , Date of Receipt Mailing Address 545 Pearl St 2022 City Zip Code State Transaction ID: VVBFDS0VMF8 CO Boulder 80302-5001 Amount of Each Receipt this Period FEC ID number of contributing C 100000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-Employed Author Receipt For: Aggregate Year-to-Date ▼ Primary General 100000.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bean, Lisa, , , Date of Receipt Mailing Address 29762 310Th St 05 2022 City State Zip Code Transaction ID: VVBFDS0WG42 IΑ Waukee 50263-7560 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not-Employed Not-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Beardslee, William, , , Date of Receipt Mailing Address 27 Shepard St 10 2022 City Zip Code State Transaction ID: VVBFDS0VW31 MA Cambridge 02138-1504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Boston Children's Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 100350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7